IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



8/30/2012

Date

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

Indexed	For office use only
Audited _	
Compute	er

DHS Glenwood Resource Center	<u> </u>
Name of Department or Office 711 South Vine Street	
711 South Vine Street Mailing Address	Glenwood, IA 51534
712-525-1252	City, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:
	9
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Mary Wax	
Name	_
Emerson, IA 51533	
Mailing Address City, State, Zip Code	- 8/30/2012 \$10.00
	D-1 (0)
Area Code & Telephone Number	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
mail Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Cake & ice cream for Clients in House 253	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of th	ne state or received by the Governor on behalf of the state.
tement of Affirmation:	
11th Messinger	
affirm that the gift or bequest reported abessment of the fair market value (if applicable) is correct and true to the	pove is accurate. I further affirm that the information concerning the donor are